PTO/SB/17 (XX-XX)

Approved for use through 10/31/2002. OMB 0651-0032

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FEE TRANSMITTAL	Complete if Known						
for FY 2002 Patent fees are subject to annual revision.	Application Number	09/936,273					
	Filing Date						
	First Named Inventor	Rene Bemmer et al.					
	Examiner Name						
	Group Art Unit						

TOTAL AMOUNT OF PAYMENT	\$130	0.00 Attorney Docket No. RBL0081									
		FEE CALCULATION (continued)									
METHOD OF PAYMENT The Commissioner is hereby authors.	orized to charge	3. /	ADD	ITIOI	NAL	FEE	s				
1. Indicated fees and credit any over	payments to:	Large Fee	Entit	y S_m	nall Er	itity ee		Fee De	scription		Fee Paid
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Name Charge Any Additional Fee Required		13	-		139	130	Non -	· English spec ling a request	for ex parte	reexaminati	on
Under 37 CFR §§ 1.16 and 1.17			7 2,5 2 92		112	920*	Requ	esting publica	ation of SIR	orior to Exam	niner
Applicant claims small entity status. See 37 CFR § 1.27		11					actio	n Jesting publica			
2. Payment Enclosed:		11	3 1,84	40*	113 1		actio	n			<u> </u>
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1. BASIC FILING FEE		1 1		920	217			nsion for reply nsion for reply			
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101 740 201 370 Utility filing fee				320 320	220	160	Filin	g a brief in su	pport of an a	ppeal	
106 330 206 165 Design filing fee		1		280	221	140	Req	uest for oral h	earing		
107 510 207 255 Plant filing fee		1	38 1,			1,510	Peti	tion to institute	e a public us		
108 740 208 370 Reissue filing fee		' I		110	240	55		tion to revive			
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SUBTOTAL (1)		4 1	42 1	280	242	640		ty issue fee (o	r reissue)		<u> </u>
2. EXTRA CLAIM FEES	Fee from		43	460	243	230		sign issue fee			
- Extra Claims	below Fee Pai	-1 '	144	620	244	310		nt issue fee	ammissions	r	
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Code (\$) Code (\$) 103 18 203 9 Claims in exce	ess of 20	1	146	740	246	37	0 Fili	ng a submissi CFR § 1.12	ion after fina (9(a))	l rejection	
102 84 202 42 Independent of	laims in excess of 3	-	149	740	249	37	n Fo	r each addition	nal inventior	to be exam	ined
	ndent claim, if not pa	id		740	279	3 37	(37 n Re	CFR § 1.12 equest for Con	เซเบ)) itinued Exam	nination (RC	E)
109 84 209 42 ** Reissue ind over origina	lependent claims I patent		179 169	740 900	169		n Re	equest for expe	edited exam		
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and over or	ginal patent	_	Othe	r fee (specif	λ) ——					
SUBTOTAL (2)	\$0.0	0							CURTO	-AL (3)	\$130.00
**or number previously paid, if greater; Fo	/e	*Reduced by Basic Filing Fee Paid SUBTOTA								3130.00	
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Name (Print/Type) Mich	ael D. Smith				ration y/Agen			40,181	Telephone		219-424-8000
Mano (Filia 1)po)									Date	Nove	ember 9, 2001

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